Exhibit 9

Division of Air Resources, Region 9

270 Michigan Avenue, Buffalo, New York, 14203-2999 **Phone**: (716) 851-7130 • **FAX**: (716) 851-7134

Website: www.dec.state.ny.us



Recorded by:

Cheryl Webster

Date Received:

August 20, 2009

Time Received:

2:00 pm

CALLER:

Name:

-

- CACWNY

called on behalf of

Address:

Kaufman Ave

Tonawanda, NY

Phone:

(cell)

COMPLAINT DETAILS:

Description:

The complainant reported a fine black dust covering the water surface in their pool, and coating everything else outside. I went to the site and found the fine black grit visible on all surfaces. I collected a sample to send to Albany for particle identification. I met with mother, at the site. I was told that the particles were not present the previous evening.

Location:

Kaufman Ave, Tonawanda

COMPLAINT'S CAUSE:

Name:

Unknown

Address:

025.01 GOVERNMENT EXHIBIT 1:10-cr-00219

ATP TOUR THROW ON ON ON ON	w
AIR POLLUTION ODOR AND FALLOUT COMPLAINT LOG	**
Name	•,
Address KAUFMAN AUE	
Telephone No: (Bus. (Home) 5AM	8
Have you personally experienced any of the following symptoms which you think might be related to odors?	
No Yes (Circle) If yes, identify suspected source and complete the following:	
Name / MAGANITH COKE Location RIVER ROAD / GNOWNIA	
	ä
Wind Direction (from) None Wind strength: Strong Medium Light None	
Discomfort Symptoms Severe Mild Date and Time (A M or P M)	
Discomfort Symptoms <u>Severe</u> <u>Mild</u> <u>Date and Time</u> (A.M. or P.M.) Began Ended	(2)
a) Eye irritation	
b) Sneezing	
c) Coughing	
d) Nausea e) Other (APD) / p PD AP	
S) Sand Fr (14 / 12 / 12 / 12 / 12 / 12 / 12 / 12 /	(2)
Actions Taken <u>Date</u> <u>Time</u> (A.M. or P.M.)	a a
	*
a) Went indoors and shut doors and windows b) Curtailed activity	
c) Took medication	
d) Sought medical treatment 5-Zet 4:25-4:45 Pa	٠
e) Called Dept. of Environmental Conservation	.e
f) Called other state or local agency	٠
g) Other Fut ON 02 MPISK	
Have you noticed damage or soiling on your property which you believe to be caused by air pollution?	
No Yes (Circle) If yes, identify suspected source and complete the following:	
to an and Oak	
Name WANDA CONFLocation VIVIONA	4
Date damage/soiling observed 5-26 5-27	•
De la companya della companya della companya de la companya della	,
Describe damage or soiling BLACK GRIT SON CARS PAIN	
74450 ON DOY DOOR PLANIS LEAVES	6
IMPODITANT: If the State Impire lead and the state Impire lead to the s	
IMPORTANT: If the State begins legal action against the source, would you be willing to give sworn testimony and to be cross-examined? (Yes No (Circle)	O .
	• •
Signature of complainant Date 1	di
to make additional agricultural	025.02
e make additional copies if necessary.	GOVERNMENT
	EXHIBIT 1:10-cr-00219

2/09

AIR POLLUTION ODOR AND FALLOUT - COMPLAINT LOG

1)	Name
	Address KAU+MAN
•	Telephone No: (Bus.) (Home)
2)	Have you personally experienced any of the following symptoms which you think might be related to odors?
6 6	No Yes (Circle) If yes, identify suspected source and complete the following:
	The same of the sa
	Name TONAWANDA COKE Location RIVER Rd TONA NY
	Wind Direction (from) Wind strength: Strong Medium Light None
	White Direction (Hold) White strength. Strong Medium Light None
	Discomfort Symptoms Severe Mild Date and Time (A.M. or P.M.)
	Began Ended
	a) Eye irritation \(\times \)
	b) Sneezing X
	c) Coughing
	d) Nausea
	d) Nausea e) Other VCRY HARDTIME X BREATHING
	Actions Taken Date Time (A M or P M)
	Actions Taken <u>Date</u> <u>Time</u> (A.M. or P.M.)
363	a) Went indoors and shut doors and windows 4-28-09 10:15 AM
	a) Went indoors and shut doors and windows 4-28-09 10:15 AM b) Curtailed activity 4-28-09 10:75 AM
le .	c) Took medication
	d) Sought medical treatment
•	e) Called Dept. of Environmental Conservation
Ž.	f) Called other state or local agency g) Other CALLED POLICE 7:30-800PM
)	Have you noticed damage or soiling on your property which you believe to be caused by air pollution?
	No Yes (Circle) If yes, identify suspected source and complete the following:
	$N = T_0$
	Name TONAWANDA COKE LOCATION RIVER Rd TONA. NY
	Date damage/soiling observed
	Date damages bonning coool vot
	Describe damage or soiling BIACK Soot Substance on CARS
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	IMPORTANT: If the State begins legal action against the source, would you be willing to give sworn testimony and to
	be cross-examined? (Very No. (Circle))
)	Signature of complainant Date 4-30-09
,	handle the second of the secon
Pleas	e make additional copies if
	GOVERNME EXHIBIT
	1:10-cr-002
-	N.Y.S. DEPT. OF
	ENVIRONMENTAL CONSERVATION 2/09

AIR POLLUTION ODOR AND FALLOUT - COMPLAINT LOG

1	Name
1	Address KAU FMAN
•	Telephone No: (Bus.) (Home)
]	Have you personally experienced any of the following symptoms which you think might be related to odors?
]	No Ves (Circle) If yes, identify suspected source and complete the following:
	T 1000 0 0 1 T 12 174
1	Name TONAWANDA COKE Location RIVER Rd TONA NY.
1	Wind Direction (from) Wind strength: StrongMediumLightNone
	Wind Direction (Holis) Wind strength. Strong Weddinin Light None
1	Discomfort Symptoms Severe Mild Date and Time (A.M. or P.M.)
	Began Ended
	a) Bye irritation \(\frac{\frac{1}{2809}}{2809} \) 10:15AM \(\frac{AFTER 9.30 Pm}{200} \)
	b) Sneezing \nearrow
	c) Coughing
(d) Nausea e) Other Headaches —
•	e) Outer // Crionales
1	Actions Taken <u>Date</u> <u>Time</u> (A.M. or P.M.)
	a) Went indoors and shut doors and windows
	b) Curtailed activity
	c) Took medication
	d) Sought medical treatment e) Called Dept. of Environmental Conservation
	f) Called other state or local agency 428 by ABOUT
•	f) Called other state or local agency H28 D9 ABOUT 7:30 - 8:00 PM
	Have you noticed damage or soiling on your property which you believe to be caused by air pollution?
	No Yes (Circle) If yes, identify suspected source and complete the following:
7	Name TONAWANDA COKE Location RIVERRY. TONA. NY
•	The part of the pa
]	Date damage/soiling observed
	Describe damage or soiling BLACK, Seet SUBSTANCE ON CARS
]	Describe damage or soiling BLACK 500+ SUBSTANCE ON CARS
-	
,	TO CONTRADITE TO A COLOR LA CO
	IMPORTANT: If the State-begins legal action against the source, would you be willing to give sworn testimon be cross-examined? (Yes) No (Circle)
I	
	Signature of complainant Date 4-30-09
5	Signature of combianiant

_____025.04 GOVERNMENT EXHIBIT 1:10-cr-00219

2/09

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New York State Department of Environmental Conservation

AIR POLLUTION ODOR AND FALLOUT - COMPLAINT LOG

Name			and a complete to the property of the contract
	Mile Cree	K Road	
Telephone No: (Bus.)	and the second s		and the second
rerephone No. (Bus.)_	(Hor	ne)	
Have you personally experienced			
No (Yes) (Circle) If yes, i	dentify suspected source	e and complete the follow	ving:
Name Bhck Smike	Air Location To	ou Mile Creek K	U dGrandIs Bluc
Wind Direction (from)	Wind strength: Stre	ong Medium Light	None
Discomfort Symptoms	Severe Mild	<u>Date and Time</u> (A.1 Began	M. or P.M.) Ended
a) Eye irritation			
b) Sneezing	<u> </u>		
c) Coughing	X —		×
d) Nausea			
e) Other HC ad aches	\sim	#11 Day	NITE
Actions Taken		<u>Date</u> <u>Ti</u>	me (A.M. or P.M.)
a) Went indoors and shut doors as	nd windows	in H	
b) Curtailed activity	8 ⁻⁸ w		
c) Took medication		Tylenol	TNevertake
d) Sought medical treatment		/_//	- madicati
e) Called Dept. of Environmental			But Hav
f) Called other state or local agen		* * * * * * * * * * * * * * * * * * *	· Bul Had
g) Other Stayed insid	<u>e</u> ,		Forthe
Have very metical domestic or said		iah hali 4. ha	11 Das 7
Have you noticed damage or soili No (Yes) (Circle)		ed source and complete t	
Tio (Chicle)	_	1 1111	1 I I I I I I I I I I I I I I I I I I I
Name ON Coke Plant	Location Ba	ck White B	rand New Door 1513 16
	`		
Date damage/soiling observed	ecently Pu	lin Doon, Not	iced how Black
	7 506+ E	Very where.	on Sideing
Describe damage or soiling		, , , , , , , , ,	<u>J</u> .
g = _g	el .		· .:
TATOODTIANITY TO 1 OF 1	Lagranda jangan dan semerah		
		e source, would you be v	willing to give sworn testimony and to
be cross-examined?	(Circle)	*	_ / / /
Signature of complainant		Dota	3/25/09
Signature of complainant_		Date	100
se make additional copies if necessar	rv .		
se make additional copies if necessar	·y.		*
	9		

025.05
GOVERNMENT
EXHIBIT
1:10-cr-00219

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New York State Department of Environmental Conservation

	AIR POLLUTION ODOR AND FALLOUT - COMPLAINT LOG
1)	Name
.)	Address BCDXCC
	Telephone No: (Bus.) (Home)
2)	Have you personally experienced any of the following symptoms which you think might be related to odors? No (Yes) (Circle) If yes, identify suspected source and complete the following:
	Name Con Coles Location
	Wind Direction (from) Wind strength: Strong Medium Light None
	Discomfort Symptoms Severe Mild Date and Time (A.M. or P.M.) Began 3 3 5 7 5 Finded
	a) Eye irritation b) Sneezing c) Coughing
	e) Other Harat live to x Burns
	Actions Taken <u>Date</u> <u>Time</u> (A.M.) or P.M.)
	a) Went indoors and shut doors and windows b) Curtailed activity \(\(\) \(\
3)	Have you noticed damage or soiling on your property which you believe to be caused by air pollution? No Yes (Circle) If yes, identify suspected source and complete the following:
	NameBcocationBc_O>coc
	Date damage/soiling observed Soot haze
	Describe damage or soiling It 5 mells 50 bad out 5,08
!)	IMPORTANT: If the State begins legal action against the source, would you be willing to give sworn testimony and to be cross-examined? Yes No (Circle)
5)	Signature of complainan Date 3/30/0 9

*Please make additional copies if necessary.



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New York State Department of Environmental Conservation

	AIR POLLUTION ODOR AND FALLOUT - COMPLAINT LOG Name
	Address Two Mile Creek R.D. corner of Grand Ts/and B/vd Telephone No: (Bus.) (Home)
	Telephone No: (Bus.) (Home) (Home)
	Have you personally experienced any or the following symptoms which you think might be related to odors? No Yes (Circle) If yes, identify suspected source and complete the following: Name Black Smoke 11 the Air ocation blame - Coverge of Grand Is Black
912 913	Name Black Smoke in the A' Location Home - Corner of Grand Is B) vl. Wind Direction (from) Wind strength: Strong Medium Light Mone
	Discomfort Symptoms Severe Mild Date and Time (A.M. or P.M.) Began Ended
į	a) Eye irritation b) Sneezing c) Coughing
	d) Nausea e) Other HEADACHES CONStant
9	Actions Taken <u>Date</u> <u>Time</u> (A.M. or P.M.)
	a) Went indoors and shut doors and windows b) Curtailed activity c) Took medication d) Sought medical treatment e) Called Dept. of Environmental Conservation f) Called other state or local agency g) Other
	Have you noticed damage or soiling on your property which you believe to be caused by air pollution? No Yes (Circle) If yes, identify suspected source and complete the following: Name Dank Soct Core Pant Location
	Date damage/soiling observed Years
9	on Back Door / Brand New Door - Siding also
	IMPORTANT: If the State begins legal action against the source, would you be willing to give sworn testimony and be cross-examined? Yes No (Circle)
n **	Signature of complainant Date 3/16/09 make additional copies if necessary.

025.07 GOVERNMENT EXHIBIT 1:10-cr-00219

2/09

J. Woma.

New York State Department of Environmental Conservation

ddress	SEFIELD 7	THAWANDA	N. Y 14150
elephone No: (Bus.)	(Ho	ne)	
	ced any of the following systems, identify suspected source		nk might be related to odors?
(Circle) If ye	s, identify suspected sources		wing.
ame	Location	MASEFIE	-10
Vind Direction (from) <u>W</u> 2	+ Wind atranath: Str	ong Madium Ligh	nt None
vina Direction (from) <u>W.2</u>	Willd strength. Str	ong Medium Ligi	R 140HC
Discomfort Symptoms	Severe Mild	Date and Time (A	
h		Began	Ended
Eye irritation	<u>×</u>	_10 PM	2 AM
) Sneezing		10 PM	2 AM
) Nausea Difficult	<u> </u>		
Sneezing Coughing Nausea OFFICHING		10 211	2 Am
		70.	Time (A.M. a. P.M.
ctions Taken		<u>Date</u>	<u>Fime</u> (A.M. of P.M.)
Went indoors and shut doo	rs and windows	Almost Night	1/4
Curtailed activity		Almost Nigh- NigH+14 NigH+14	
Took medication		NigHtly	· · · · · · · · · · · · · · · · · · ·
) Sought medical treatment			-
Called Dept. of Environme			·
Called other state or local a	-		· · · · · · · · · · · · · · · · · · ·
) Other			
lave you noticed damage or	soiling on your property w	hich you believe to be c	aused by air pollution?
No Yes (Circle)	If yes, identify suspec	ted source and complete	the following:
Name	Location	MASEFIEL	0
-			
Date damage/soiling observed	WATER FON	DING YREEN +	YEIIOW
Describe damage or soiling _	soot on car		
		e. 12	
	egins legal action against t	he source, would you be	e willing to give sworn testime
MPORTANT: If the State b			

*Please make additional copies if necessary.

025.08 GOVERNMENT EXHIBIT 1:10-cr-00219